

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019730

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251Primary Registration District No. 3048Registrar's No. 136

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY Nodawayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MaryvilleLength of stay in 1b
23 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sisters of St FrancisInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Iowa b. COUNTY Taylorc. CITY OR TOWN BedfordInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Albert Middle Sanford Last Shimer4. DATE OF DEATH
Month May Day 11 Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-31-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months 4 Days 10

IF UNDER 24 HR

Hours 10 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Albert Shimer

13b. MOTHER'S MAIDEN NAME

Amanda ***** Snyder

14. NAME OF HUSBAND OR WIFE

Hygiene Shimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lus C. Shimer Bedford Iowa

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

with Metastasis to brain & me.

DUE TO (c)

and bone of chest wall

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 12 a.m. 3 p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-18-62 to 5-11-62 and last saw her alive on 5-11-62
Death occurred at 12 30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

E. D. Jones M.D.Maryville Iowa5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Fairview

23d. LOCATION (City, town, or county)

BedfordIowa

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Boyd H. Nwinger Bedford Iowa5 15 62Bess Bolt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

2961 6 700
JUL 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Boyd G. Nowinger

Licensed Embalmer No.

5736

P. O. Address

Bedford, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.